

INSPECTION AND CERTIFICATION OF DECENT, SAFE AND SANITARY (DSS) REPLACEMENT HOUSING

RE1950 04/2015

Wisconsin Department of Transportation

Owner/Tenant		Replacement Property Address			
Asking Price		Selling Price		Monthly Rental Rate	
TYPE OF REPLACEMENT		NUMBER OF OCCUPANTS		LIVING AREA AND ROOM COUNT	
Single Family Residence	Apartment	No. Male Adults	No. Female Adults	Living Room SF	Bdrm. No. 1 SF
Duplex	Mobile Home	No. Male Children	No. Female Children	Dining Room SF	Bdrm. No. 2 SF
Room	Other	Total Number of Occupants		Family Room SF	Bdrm. No. 3 SF
Dwelling (Brick, Frame, etc.)	Condition	Rooms Needed for Occupants		Kitchen SF	Bdrm. No. 4 SF
Approx. Age	Type of Neighborhood	D.S.S. Area Required		Other SF	Habitable Area SF

PHYSICAL STANDARDS – Based on Visual Inspection

Yes	No	1. Structure	Yes	No	5. Kitchen
<input type="checkbox"/>	<input type="checkbox"/>	Foundation, exterior walls, and roof structurally sound, reasonably weather-tight, rodent proof and in good state of maintenance & repair.	<input type="checkbox"/>	<input type="checkbox"/>	For exclusive use of household.
<input type="checkbox"/>	<input type="checkbox"/>	Interior and exterior stairs and porches are adequate, safe and in good state of repair.	<input type="checkbox"/>	<input type="checkbox"/>	Sink connected to hot and cold running water.
<input type="checkbox"/>	<input type="checkbox"/>	Interior walls, ceilings and floors in good state of repair.	<input type="checkbox"/>	<input type="checkbox"/>	Space for stove and refrigerator with necessary service hookups.
<input type="checkbox"/>	<input type="checkbox"/>	Dwelling has adequate number of unobstructed means of egress.	<input type="checkbox"/>	<input type="checkbox"/>	If provided, stove and refrigerator in good working order.
		2. Heating	<input type="checkbox"/>	<input type="checkbox"/>	6. Bath
		<input type="checkbox"/> Space <input type="checkbox"/> Central	<input type="checkbox"/>	<input type="checkbox"/>	For exclusive use of household and offers user privacy.
<input type="checkbox"/>	<input type="checkbox"/>	Is adequate, safe and in good working order.	<input type="checkbox"/>	<input type="checkbox"/>	Lavatory, tub or shower connected to hot and cold running water.
<input type="checkbox"/>	<input type="checkbox"/>	3. Electrical	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation (operable window or exhaust fan).
<input type="checkbox"/>	<input type="checkbox"/>	Electric service is adequate, safe and in good state of repair.	<input type="checkbox"/>	<input type="checkbox"/>	Access is not through a sleeping room.
<input type="checkbox"/>	<input type="checkbox"/>	4. Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	7. Light and Ventilation
<input type="checkbox"/>	<input type="checkbox"/>	Has continuing and adequate supply of drinkable water.	<input type="checkbox"/>	<input type="checkbox"/>	All habitable rooms have adequate light and ventilation.
<input type="checkbox"/>	<input type="checkbox"/>	Fixtures in good state of repair and maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	Windows in good state of repair and maintenance.
<input type="checkbox"/>	<input type="checkbox"/>	Sewage system is adequate and in good working order.	<input type="checkbox"/>	<input type="checkbox"/>	8. Premises
					Free from adverse environmental effects and conditions constituting a fire, health or safety hazard.

MOBILE HOME DATA			
Manufacturer & Model Year	Size:	Length X Width = Habitable Area =	Sq. Ft. D.S.S. Area Required for Occupants Sq. Ft.
SLEEPING ROOM DATA			
Yes	No	Habitable Floor Space	D.S.S. Area Required for Occupants
<input type="checkbox"/>	<input type="checkbox"/>	Has lockable door, if bathroom facilities are separate.	

ATTACH PHOTOGRAPH TO FORM and/or ATTACH SKETCH OF FLOOR PLAN TO REVERSE

Comments:

This dwelling does meet the requirements for decent, safe and sanitary housing in accordance with existing standards.

By (Provide Signature: Do Not Print)	Company/Title	Date
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Project ID	Project	County	Parcel
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